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State of Rhode Island and Providence Plantation's Department of State - Business Services Division

Application for Certificate of Authority

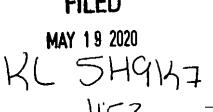
FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
RVL Pharmaceuticals, Inc	•	
2. It is incorporated under the laws of: Delawar	e	
3. The name, if different, which it elects to use in Rh	ode Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:	f incorporation does not contain of, then list the name of the corp	the word "corporation", "company", oration with the addition of one of the
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:		
4. The date of its incorporation is: 8/9/2011		
And the period of its duration is: CHECK ONE BOX X Perpetual (on-going)	ONLY	
Date certain for dissolution		
5. The address of its principal office is: 2500 Main Street Extension, Suite 6, S	ayreville, NJ 08872	
6. The name and address of the initial registered ag	ent/office in Rhode Island:	
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson	Boulevard, Suite 200	
City/Town warwick	State RHODE ISLAND	Zip Code 02888
MAIL TO:	FILED	

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



STAMP

FOR SEGRET-ITY OF STATE USCIDED

FORM 150 - Revised. 12/2017



7. The purpose or purpo	oses which it prop	poses to pursu	ue in the transaction	of business in Rhode Island are:		
Sales of pharmace						
8. (a) The names and re	espective addres	ses of its direc	tors (optional, unles	ss directors are required under the laws of the		
state or country of whic					•	
NAME				ADDRESS		
See attached						
·						
					_	
	——					
· · · · · · · · · · · · · · · · · · ·					·	
				Check the box to indicate an attachment		
8. (b) The names and re	espective addres	ses of its princ	pipal officers (mandat	atory if directors are not required under the law	NS	
of the state or country of	· · · · · · · · · · · · · · · · · · ·	· · · · ·		<u> </u>		
OFFICE		NAME		ADDRESS	<u>. </u>	
PRESIDENT	See attache	d				
VICE PRESIDENT	·{		<u> </u>			
TREASURER						
· · · · · · · · · · · · · · · · · · ·						
SECRETARY	1					
·				Check the box to indicate an attachmen		
 The aggregate numb par value, and series, if 			rity to issue; itemized	ed by classes, par value of shares, shares with	nout	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
55,000	Common			.0001	•	
					-	
		<u> </u>			•	
	·	<u> </u>			-	
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			······································		•	
located within this state	ercentage, or the during the follow	proportion in ind vear bear	at the estimated values to the values of all p	lue of the property of the corporation to be property of the corporation to be owned during	n	
the following year, when	rever located. (No	ote: Percentag	je oblained from wor	rksheet.)	,	
1						
%	i					
11. An estimate, as a p	ercentage, of th	e proportion o	f the gross amount c	of business to be transacted by the corporatio	 חי	
at or from places of bus	iness in Rhode Is	sland during th	he following year con	mpared to the gross amount thereof which wil	il be	
transacted by the corpo	ration during the	following year	r. (Note: Percentage	obtained from worksheet.)		
1 %						
	'					

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12. This application must be accompanied by a <u>Certificate of Good Stand</u> formation dated within 60 days of the date of this filing.	ding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE	BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the d	ate of filing)
Under penalty of perjury, I declare and affirm that I have examined this A accompanying attachments, and that all statements contained herein are	
Type or Print Name of Authorized Officer	Date
Christopher Klein	5/14/2020
Signature of Authorized Officer of the Corporation	ße

RVL Pharmaceuticals Inc.

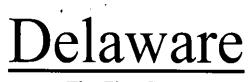
OFFICERS

Name	Title	Business Address	Personal Address
Brian Markison	CEO	400 Crossing Blvd.	22 Morven Place
		Bridgewater, NJ	Princeton, NJ
		08807	08540
Andrew Einhorn	CFO	400 Crossing Blvd.	15 Garabrant
		Bridgewater, NJ	Street
		08807	Mendham, NJ
			07945
James Schaub	Vice President	400 Crossing Blvd.	121 King George
		Bridgewater, NJ	Road
		08807	Pennington, NJ
			08534
Christopher Klein	General Counsel	400 Crossing Blvd.	5 Firestone Court
	& Secretary	Bridgewater, NJ	Skillman, NJ 08558
		08807	

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DIRECTORS

David Burgstahler	Director	400 Crossing Blvd.
		Bridgewater, NJ 08807
Sriram Venkataraman	Director	400 Crossing Blvd.
		Bridgewater, NJ 08807
Daniel Sielecki	Director	400 Crossing Blvd.
		Bridgewater, NJ 08807
Carlos Sielecki	Director	400 Crossing Blvd.
		Bridgewater, NJ 08807
Juan Vergez	Director	400 Crossing Blvd.
		Bridgewater, NJ 08807
Brian Markison	Director	400 Crossing Blvd.
		Bridgewater, NJ 08807



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RVL PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RVL PHARMACEUTICALS, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

R.I. DEPT. OF STATE BUS SVCS DIV



5022283 8300 SR# 20203940099 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202934760 Date: 05-14-20

Page 1



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

May 19, 2020 11:53 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

